VILLAGE OF MACKINAW, ILLINOIS

LOCAL LIQUOR CONTROL COMMISSION MEETING AGENDA

THURSDAY, OCTOBER 19, 2017

7:00 P.M. – Mackinaw Municipal Building 100 E Fast Ave, Mackinaw, IL

- I. Call to Order by Liquor Control Commissioner
- II. Roll Call
- III. Pledge of Allegiance
- IV. Approval of October 5, 2017 Meeting Minutes
- V. Public Comment
- VI. §113.010 Definitions Removal of Definition of Grocery Store
- VII. §113.060 License Classifications: Fees Removal of Class D License Classification and Fee
- VIII. §113.065 Special Restrictions and Guidelines for Class D License Removal of §113.065 from Mackinaw Municipal Code
- IX. §113.070 Limitation on Number of Licenses Removal of Class D
- X. Class B License Application Received from Zehr Foods (Mackinaw IGA)
 Review and Make Recommendation to Village Board of Trustees
- XI. New Business
- XII. Adjournment

VILLAGE OF MACKINAW

LOCAL LIQUOR CONTROL COMMISSION COMMITTEE MEETING MINUTES

October 5, 2017

1. Liquor Control Commissioner Craig Friend called the meeting to order at 7:00 P.M.

II. ROLL CALL

Present: Liquor Control Commissioner Craig Friend, Committee Member Ted Laidig and Committee Member Kevin Ellis

Absent:

Also Present: Recording Secretary Amanda Schmidgall

III. PLEDGE OF ALLEGIANCE

IV. APPROVAL OF MINUTES FROM JUNE 1, 2017:

Committee Member Laidig moved, seconded by Committee Member Ellis to approve the June 1, 2017 Local Liquor Control Commission Committee Minutes. On a roll call, the vote was:

AYES: 3 – Liquor Control Commissioner Craig Friend, Committee Member Ted

Ladig and Committee Member Kevin Ellis

NAYS: 0 ABSENT: 0

There being three affirmative votes, the motion carried.

V. PUBLIC COMMENT: None

VI. §113.070 LIMITATION ON NUMBER OF LICENSES – REVIEW AND MAKE RECOMMENDATION TO VILLAGE BOARD TO INCREASE THE NUMBER OF

CLASS B LICENSES AVAILABLE: Liquor Control Commissioner Craig M. Friend advises the committee that he has been approached regarding a retail establishment inquiring about receiving a license to sell packaged liquor. Committee Member Ellis made the motion to recommend the addition of 1 Class B license to the current limitations listed in §113.070 of the Alcoholic Beverage and Liquor Control Code to the Village Board of Trustees. The motion was seconded by Committee Member Laidig. On a roll call, the vote was:

AYES: 3 – Liquor Control Commissioner Craig Friend, Committee Member Ted

Laidig and Committee Member Kevin Ellis

NAYS: 0 ABSENT: 0

There being three affirmative votes, the motion carried.

The recommendation of the Local Liquor Control Commission to the Village Board of Trustees shall be passed along to the Village Board of Trustees for final action. Final action on the addition of a Class B license made available is vested in the Village Board of Trustees.

- VII. NEW BUSINESS: None
- VIII. ADJOURNMENT @ 7:09 P.M.: There being no further business to come before the Board. Committee Member Laidig moved, seconded by Committee Member Ellis to adjourn. motion carried.
- I, Amanda Schmidgall, Recording Secretary do hereby certify that the foregoing minutes are a true and correct copy of the regular meeting held on the above date, as the same appears on the records of the Village are now in the custody and keeping of the Village Clerk.

Amanda Schmidgall, Recording Secretary Posted:

_New

Village of Mackinaw, Illinois. Liquor License Application

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| Application to the Liquor Commission of the Village of Mackinaw, Illinois, for a to sell at retail alcoholic liquor pursuant to Title 110, Chapter 113, of the Mack Village Code | |
| Please check below the appropriate license classification for which you are making application: | |
| The attached Schedules (as defined below) require information necessary in order to complete this app PLEASE FILL OUT THE SCHEDULE APPROPRIATE TO YOUR PARTICULAR KIND OF BUSINESS: | olication. |
| Schedule I – Requires information relating to an Individual making application for license. Schedule II – Requires information relating to a Partnership making application for license. Schedule III – Requires information relating to a Corporation making application for license. | |
| ndicate License Year for which application for liquor license is being made: | |
| 4ay 1, 20 to April 30, 20 Other: | |
| ou must answer all of the following questions: | |
| 1. Name of Individual, Partnership or Corporation: ZFH e + + + + + + + + + + + + + + + + + + | ······································ |
| 2. Address of Individual, Partnership or Corporation: 100 N. MRIN, | |
| 3. Telephone Number of Individual, Partnership or Corporation: 309-359-52// | |
| 4. Name under which business is to be conducted: MACKINAW HOMETOWN | IG, |
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Village of Mackinaw, Illinois Liquor License Application

| 5. Address of the place of business for which this application is made: $100 \mathbb{N}$. MR |
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| 6. Is this location within 100' of any church, school, hospital, home for the aged or indigent persons, or home for veterans? YesNo |
| A. If the answer to Question 6 is YES, specify whether the business is: 1. A hotel offering restaurant services 2. A regularly organized club 3. A food shop or other place where a sale of alcoholic liquor is not the principal business carried on |
| 7. Do you own the premise designated in Question 5? Yes No |
| 8. Do you lease the premise designated in Question 5? Yes V No |
| If the answer is YES to Question 8, the name and address of the Landlord is as follows: |
| 9. Will this business be conducted by a manager or agent (other than applicant or officer of the corporation)? Yes No |
| If the answer is YES such person must complete Schedule I of the Application for License. |
| 10. The applicant has not received or borrowed money or anything else of value and that he will not receive or borrow money or anything else of value (other than merchandise credit in the ordinary course of business for a period not to exceed ninety (90) days as herein expressly permitted under Section 6-5 of the Liquor Control Act of 1934), directly or indirectly, from any manufacturer, importing distributor, or distributor, or from any representative of any manufacturing, importing distributor, or distributor; nor be a part in any way of Section 6-6 of the Liquor Control Act of 1934. |
| Yes No |

Village of Mackinaw, Illinois Liquor License Application

| | If answers to any of the above questions is YES, give particulars: |
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| 11. / | Are you, or is any other person directly or indirectly interested in the place of business, a public official? |
| ١ | esNoV |
| ti | Yes, describe the office or position held: |
| 12. H | as a Federal Gaming Device Stamp or Federal Wagering Stamp been issued by the Federal Government or the current tax period on the premise for which you are making the application for a liquor license? |
| Ye | sNo |
| | |
| 1. 2. | Have you answered all questions on this application? Have you attached the appropriate Schedules required by this application? |
| 3. | If applicable, have you attached Schedule I as required by Question 97 |
| | , |
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| | V |
| | Signature(s) of Applicant(s) |

If any necessary information required by this application has been omitted, the application will not be processed and a liquor license will not be Issued.

Corporation

| 1. | Nam | ne of Corporation: LEFT | Foods, Tuc | |
|----|------------------------------|-------------------------|--|--|
| 2. | Date | of incorporation:/2/ | 1996 | |
| | Date charter issued: 12/1996 | | | |
| | | • | tion organized? | |
| 5. | mana | | Numbers, and dates of birth of each officer, director, ning or controlling the voting right to more than 5% of | |
| | a. | Name: | BROTT ZEHR | |
| | | Address: | | |
| | | Social Security Number: | | |
| | | Date of Birth: | | |
| | b. | Name: | | |
| | | Address: | | |
| | | Social Security Number: | | |
| | | Date of Birth: | | |
| | c. | Name: | | |
| | | Address: | | |
| | | Social Security Number: | | |
| | | Date of Birth: | | |
| | d. | Name: | | |
| | | Address: | | |
| | | Social Security Number: | | |
| | | Date of Birth: | | |

Attach Supplemental Sheet if Necessary

| 6. | Give character of business to be conducted at place to be licensed: |
|----|---|
| | Super MARKET |
| 7. | How long has corporation been engaged in business of this character?: |
| | INCLUDE a complete list of locations and inclusive dates during which corporation has been in said business: |
| | 100 N. MRIN |
| | |
| | Give itemized list of amount of goods, wares, and merchandise on hand at the time of application: GROCERY, DAIRY, FROZEN, MEAT, DELL, BAKER & GENERAL MERCHANDISE |
| | & GENERAL WERCHANDISE |
| • | Attach Supplemental Sheet if Necessary |
| 1 | has any person listed in Question 5 made application for a license to sell retail alcoholic iquor on premises other than described in this application to this or any other State or political subdivision thereof? |
| (| a) <u>N()</u> (b) (c) |
| 11 | so, give dates, locations, and disposition of such application: |
| | Attach Supplemental Sheet if Necessary |

| 10. Prior hereto, has any liquor license held by any person in Question 5, issued by any Stat |
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| or subdivision thereof, or by the Federal Government, been revoked or suspended? |
| (a) N O (b) (c) (d) |
| If so, state reasons therefore, and if a suspension, state length of such suspension: |
| |
| |
| Attach Supplemental Sheet if Necessary |
| L1. Has any person listed in Question 5 ever been charged or convicted of a felony? |
| Yes No |
| Being a keeper of a house of ill fame? |
| Yes No |
| Prostitution? |
| YesNo |
| Pandering? |
| YesNo |
| Other crime opposed to decency and morality? |
| Yes No |
| Gambling offense? |
| Yes No |
| Is anyone otherwise disqualified to receive a license by reason of any matter or thing contained in the Liquor Control Ordinances of the Village of Mackinaw? |
| Yes No |

| 12. If any answer in Question or convictions: | on 11 YES, give dates, locations, and results of any such charges |
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| • | Attach Supplemental Sheet if Necessary |
| alcoholism or any drinkir | o in Question 5 an alcoholic, or have you received treatment for ng problem, or have you been involved in any incident involving fic, in which they were intoxicated? |
| YesNo | |
| 14. If the answer to Questior treatment or incident: | n 13 is YES, give dates, locations, and results of any such |
| A | ttach Supplemental Sheet if Necessary |
| L5. Has any person listed in C disorder? | Question 5 been involved in any battery, assault, fight or public |
| (a) No (b) (c) | (d) |
| 6. If the answer to Question incident: | 15 is YES, give dates, locations, and dispositions of any such |
| | |
| Λ+ | tach Sunnlamental Sheet if Necessary |